

Reported Factors Contributing to Gender-Based Violence in Ethiopia: A Scoping Review

Alexia Athanasakos, Bianca Bennett, Zoe Flatt, Niko Fragis, Tarik Semiz, Joe Thorne, Dr. Elysée Nouvet

Faculty of Health Sciences, Applied Health Sciences, Western University, London, Canada

ABSTRACT

Ethiopia has the highest rate of gender-based violence (GBV) in sub-Saharan Africa (Mingude & Dejene, 2021). Females make up 92% of GBV cases (Kassa & Abajobir, 2020). This poses a significant threat to the well-being of girls and women in Ethiopia from a physical and psychological standpoint. A scoping review was conducted on the reported factors contributing to GBV in Ethiopia. Four databases were used: OVID Medline, Scopus, Web of Science, and CINAHL. Of the 220 studies initially identified, 53 were ultimately included. It is important to address this topic because high rates of GBV result in an inequitable society. As well, a community as a whole cannot thrive when a significant portion of its members live in fear of GBV. After reviewing the available literature, the key factors contributing to GBV identified were a history of witnessing parental violence; culture; education level; income level; location of residence; alcohol and substance abuse; and employment status. Furthermore, based on the gaps identified in the literature, there is an opportunity for future research to inform policy and practices. This will also allow global health professionals worldwide to work in concert to achieve the United Nations Sustainable Development Goal 5 (SDG 5; gender equality) (United Nations, 2021).

KEYWORDS: Ethiopia, Gender-Based Violence, Socioenvironmental Factors, Sustainable Development Goals

INTRODUCTION

Gender-based violence (GBV) in the context of Ethiopia is defined as any damaging act committed against an individual's will that is motivated by social disparities between males and females (Mingude & Dejene, 2021). Such violence manifests as physical, emotional, and/or sexual harm, with intimate partner violence (IPV) acting as its most widespread form (Kassa & Abajobir, 2020). These forms of violence later develop into pervasive public health problems that adversely impact individuals' mental, physical, and social health (Mingude & Dejene, 2021).

There is a strong rationale and need for a scoping review on this topic within the context of Ethiopia. GBV is given priority under Sustainable Development Goal (SDG) 5 by the United Nations, which mandates the development and implementation of initiatives aimed at achieving gender equality by 2030 (Kassa & Abajobir, 2020). However, current projections state that the world is 286 years behind schedule in achieving this goal (United Nations,

How to cite this paper: Alexia Athanasakos | Bianca Bennett | Zoe Flatt | Niko Fragis | Tarik Semiz | Joe Thorne | Dr. Elysée Nouvet "Reported Factors Contributing to Gender-Based Violence in Ethiopia: A Scoping Review" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-2, April 2023, pp.1180-1191, URL: www.ijtsrd.com/papers/ijtsrd52827.pdf



IJTSRD52827

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2021). The SDG index currently lists Ethiopia as having no or negative progress toward achieving SDG 5 (United Nations, 2021). GBV has in fact increased significantly in Ethiopia within the last decade (Liyew et al., 2022). As a result, Ethiopia is known for having the highest rate of GBV in Sub-Saharan Africa, with 47% of women experiencing GBV in some form at least once in their lifetime (Mingude & Dejene, 2021; Kassa & Abajobir, 2020). Although Ethiopia has implemented legal policies in an attempt to reduce the prevalence of GBV, it remains disproportionately prevalent in this country compared to other developing countries (Kassa & Abajobir, 2020). This scoping review will focus on answering the following question: "What reported factors contribute to gender-based violence in Ethiopia?"

The trends in Ethiopia suggest that understanding and identifying reported factors contributing to GBV will be an essential first step in developing, implementing,

and evaluating prevention and intervention strategies (Abota et al., 2022). The results of the scoping review revealed gaps in research concerning GBV in Ethiopia that need to be addressed. These gaps include factors contributing to GBV in humanitarian crises and reporting challenges when dealing with GBV.

Although GBV is by no means a new phenomenon in Ethiopia, there have been growing social and scientific concerns. Highlighted reported factors contributing to the perpetration of GBV include a history of witnessing parental violence; culture; education level; income level; location of residence; alcohol and substance abuse; and employment status. The combination of these factors contributes to the high prevalence of GBV in Ethiopia. However, the burden is not equally distributed across the sexes, as an estimated 92% of GBV cases are targeted toward women (Kassa & Abajobir, 2020). By outlining the factors contributing to GBV in Ethiopia, future studies can be conducted to increase the understanding of the problem. This research can lead to federal, regional and local policymakers as well as domestic health professionals being able to craft sustainable and equitable interventions to reduce and hopefully eliminate GBV.

Methods & Search Strategy

The Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Review (PRISMA-ScR) search protocol developed by Tricco et al. (2018) was used for this scoping review. The six main steps used throughout the review are described below.

AND (“Root Cause Analysis” OR “Risk Factors”). Search terms were selected using their close relation to the topic of interest. A list of terms related to those used in the search strategy is outlined in Table 1.

Table 1 Summary Table of Search Terms Used Literature Search

Key Words	Related Terms
Ethiopia	Federal Democratic Republic of Ethiopia
Gender-Based Violence	Death; dowry; dowry death; dowry deaths; gender- based violence; gender-based violence; violence, gender-based
Domestic Violence	Family violence; violence, domestic; violence, family
Intimate Partner Violence	Abuse, intimate partner; dating violence; intimate partner abuse; intimate partner violence; partner abuse, intimate; partner violence, intimate; violence, dating; violence, intimate partner
Sex Offenses	Abuse, sexual; abuses, sexual; assault, sexual; assaults, sexual; offense, sex; offenses, sex; sex offense; sex offenses; sexual abuse; sexual abuses; sexual assault; sexual assaults; sexual violence; sexual violences; violence, sexual; violences, sexual
Risk Factors	Correlates, health; factor, risk; factor, social risk; factors, social risk; health correlates; population at risk; populations at risk; risk factor; risk factor score; risk factor scores; risk factor, social; risk factors; risk factors, social; risk score; risk scores; score, risk; score, risk factor; social risk factor; social risk factor
Root-cause Analysis	Analyses, root cause; analysis, root cause; cause analyses, root; cause analysis, root; root cause analyses; root cause analysis

Stage 1: Eligibility Criteria

To be included in the review, articles needed to focus on factors that contributed to the prevalence of Gender Based Violence in Ethiopia. Peer-reviewed articles were included if they were written in English, published after 2010, discussed Ethiopian communities exclusively, and described factors contributing to the prevalence of GBV. Date eligibility was determined by prioritizing updated research that described current topics. Location eligibility was established to ensure contributing factors accurately described themes in Ethiopian communities. Quantitative, qualitative, and mixed-method studies were included to pool a variety of contributing factors to GBV.

Stage 2: Information Sources

The following databases were used to locate peer-reviewed articles between October 2022 and December 2022: OVID Medline, Scopus, Web of Science, and CINAHL. The reference list from relevant sources was also scanned to include additional papers concerning our topic of interest. Articles deemed relevant for the review were exported into Covidence Systematic Review Software, and duplicates were removed.

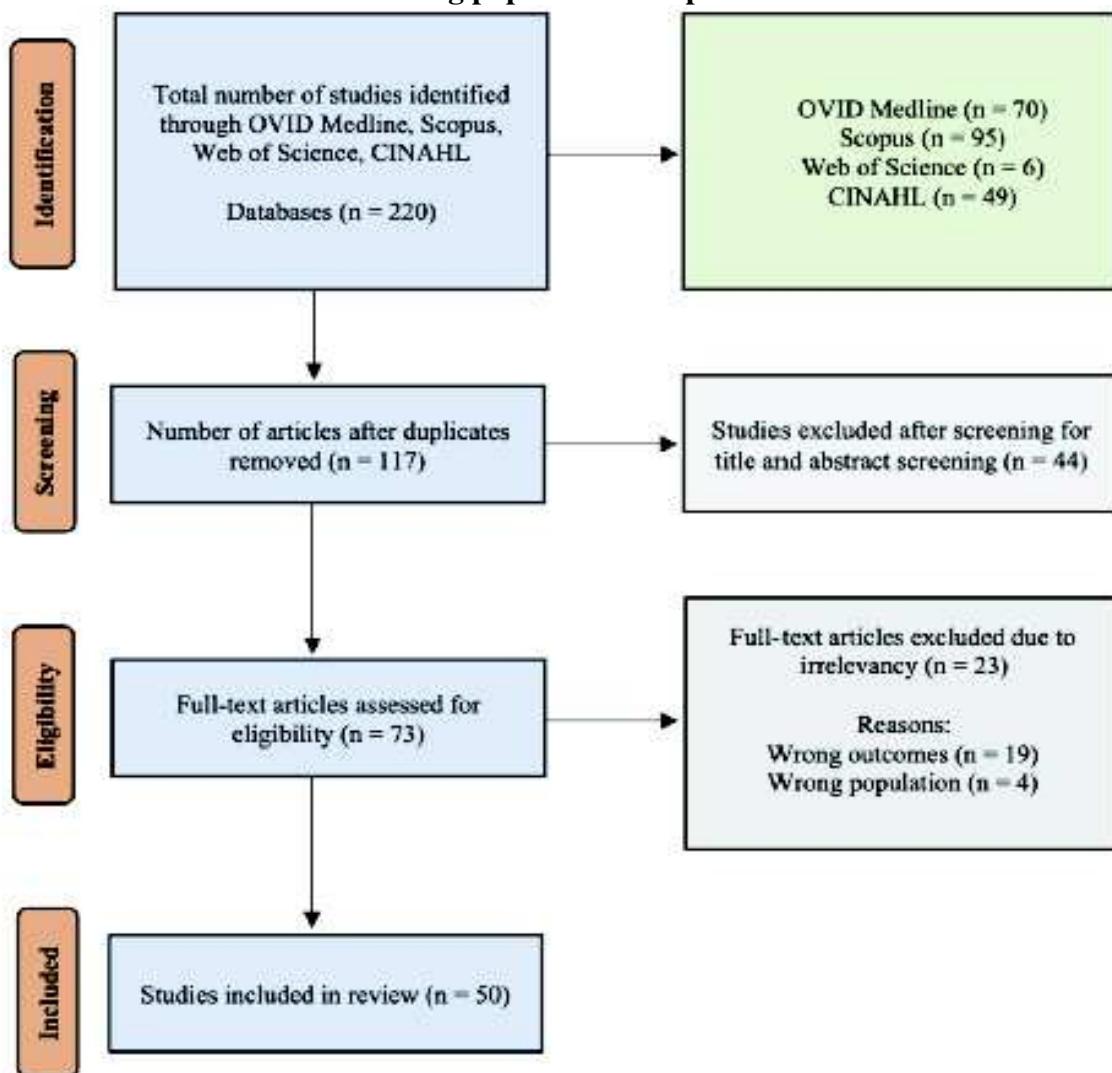
Stage 3: Search Strategy

In order to find sources, the following search terms were established by six reviewers and used to identify relevant terms in the title, abstract, or keywords: “Ethiopia” AND (“Gender-Based Violence” OR “Domestic Violence” OR “Intimate Partner Violence” OR “Sex Offenses”)

Stage 4: Selection of Sources of Evidence

After the articles were located and exported, each article was reviewed by two reviewers to determine if they met the established eligibility criteria. This was done in a two-step process. First, titles and abstracts were scanned and deemed eligible for further review if both reviewers agreed it contained the terms “Ethiopia,” “Gender-Based Violence,” and “Risk Factors,” or any closely related terms (N=117). Second, the full text was reviewed by two reviewers to ensure previously mentioned criteria were met and that the article contained relevant information (N=73). Articles were selected for final inclusion if both reviewers agreed they met all necessary requirements (N=50). All conflicts in eligibility were resolved using unanimous agreement after extensive discussion by the six reviewers. The PRISMA flowchart [Figure 1] showcases the processes conducted to screen the articles used in the scoping review.

Figure 1 Preferred Reported Item for Systematic Reviews and Meta-Analysis (PRISMA) flowchart outlining paper selection process



Stage 5: Data Items

Contributors to GBV in Ethiopia were extracted from each article if it outlined any perceived factor that led to an increase or decrease in any form of GBV in Ethiopia. Intimate partner violence, sexual abuse, spousal abuse, physical abuse, mental abuse, and domestic violence were assumed to be forms of GBV and thus included as relevant data. Relevant contributors were charted along with the article title, year, and type of study.

Stage 6: Synthesis of Results

Results were synthesised by extracting the main themes that contributed to GBV from 53 articles.

Similar themes between articles were then identified and grouped to determine common contributors to GBV throughout Ethiopia from 2010 to present. As a result, seven themes of contributors to GBV in Ethiopia were identified and will be explored in the results.

Findings & Results

After reviewing available literature, the main factors contributing to GBV identified were history of witnessing parental violence, culture, education level, income level, location of residence, alcohol & substance abuse, and employment status.

Contributing Factor 1: History of Witnessing Parental Violence

GBV has devastating consequences for the victims and those who witness the violence, specifically children. Various studies found that Ethiopian women who witnessed parental violence during childhood were between two and six times more likely to experience GBV themselves (Adinew & Hagos, 2017; Tantu et al., 2020; Yohannes et al., 2019; Abeya et al., 2011). Similarly, males who witness parental violence as a child are more likely to adopt attitudes that condone GBV and emulate violent and aggressive behaviour as adults (Abeya et al., 2011). Regularly observing parental violence as a child contributes to the development of a normative understanding of violence and its acceptance as a suitable method of conflict resolution (Abeya et al., 2011). In this way, violence is a learned behaviour passed down through generations (Abeya et al., 2011; Adinew & Hagos, 2017; Yohannes et al., 2019). Because it is something they grew up with, perpetrators of GBV are able to justify their actions, while victims of GBV are tolerant of the behaviour (Abeya et al., 2011).

Contributing Factor 2: Culture

According to the literature analysed, Ethiopia has strong cultural values and beliefs that shape the ideology of the population. However, these cultural ideologies are largely considered harmful to women due to widespread beliefs regarding male superiority (Gebre et al., 2020; Beyene et al., 2020; Kaufman et al., 2019). Gender norms are often rigidly defined throughout society, which depicts toughness and dominance as symbols of masculinity (Gebre et al., 2020). Consequently, GBV is supported by cultural norms, which place women in subordinate positions (Ebrahim & Atteraya, 2021). Several authors concluded through their research that violence is considered an acceptable manner of resolving conflict between partners and is used to uphold patriarchal ideals (Ebrahim & Atteraya, 2021; Gebrezgi et al., 2017; Kaufman et al., 2019). In fact, “wife beating” is widely accepted throughout Ethiopia (Gebrezgi et al., 2017). This tradition has led to years of acceptance of GBV as a norm within relationships and households (Ebrahim Atteraya, 2021). Women who attempt to challenge or defy traditional gender roles, or deny their partners’ requests, face an increased risk of GBV. For example, in a study by Kaufman et al. (2019), women regarded sexual intercourse with male partners as “mandatory.” These women felt unable to refuse sexual propositions out of fear that their partner would respond violently.

Moreover, female empowerment and decision-making authority within households are strongly

associated with GBV (Atomssa et al., 2021; Tusa et al., 2022; Tiruye et al., 2020).

Women who possess decision-making authority in relationships are less likely to experience GBV (Atomassa et al., 2021). This may be explained by the fact that these women have a lower tolerance for violent behaviour (Tusa et al., 2022). On the other hand, the reduced decision-making power of women is associated with higher rates of GBV (Kaufman et al., 2019; Bifftu & Guracho, 2022; Atsbaha et al., 2022). In households where the husband acts as the sole decision-maker, women are 2.3 times more likely to experience abuse than in shared decision-making households (Semahegn et al., 2013). In a household where women have no decision-making authority, any attempt to express autonomy may be viewed as a violation of gender norms. This may cause their male partners to react violently, thus increasing their vulnerability to abuse and GBV (Atsbaha et al., 2022; Kaufman et al., 2019).

Furthermore, early marriage remains a deeply rooted tradition in Ethiopia, where 47% of girls married before the age of 18 and 17% married before the age of 15 (Gebre et al., 2020). This is higher than the continental average (Gebre et al., 2020). Girls who marry at a young age, which is often arranged and forced by families, are at increased risk of experiencing GBV (Abeya et al., 2011; Erulkar, 2013; Sharma et al., 2020a; Tiruye et al., 2020). One explanation for this outcome is that the age gap between husband and wife creates a stark power imbalance (Sharma et al., 2020a). In Ethiopia, young women are expected to be quiet, subservient, and loyal to their husbands, which places them in a uniquely vulnerable position (Tiruye et al., 2020). Additionally, the high prevalence of GBV among women who marry young is closely related to their lack of autonomy, education, and economic opportunities (Sharma et al., 2020a; Tiruye et al., 2020). Furthermore, men who marry young girls may be more likely to uphold traditional patriarchal ideologies that support GBV (Sharma et al., 2020a).

Polygamy is another common cultural practice for men in nearly all regions of Ethiopia. Women who are married to polygamous husbands are at an increased risk of experiencing GBV (Abeya et al., 2011; Atsbaha et al., 2022; Sharma et al., 2020a). This is mainly due to the potential for unequal treatment of co-wives by their husbands. Husbands often favour one wife over the others, leading to neglect, jealousy, and tension among the other wives. This may lead to increased marital conflict, which fuels GBV (Atsbaha et al., 2022; Sharma et al., 2020a). Another plausible explanation found is that

men in polygamous partnerships are simply more likely to abuse the wives they disfavour (Atsbaha et al., 2022).

Contributing Factor 3: Education Level

Education level is another strong predictor of GBV prevalence in Ethiopia. For both women and their partners, high education and literacy are associated with lower GBV prevalence (Abeya et al., 2011; Atomassa et al., 2021; Azene et al., 2019; Feseha et al., 2012; Getinet et al., 2022; Shitu et al., 2021; Tadesse et al., 2022; Tusa et al., 2022; Yohannes et al., 2019). The reverse is also true, with uneducated and illiterate women experiencing higher rates of GBV (Abeya et al., 2011; Abota et al., 2022; Alemayehu et al., 2015; Atomassa et al., 2021; Atsbaha et al., 2022; Bifftu & Guracho, 2022; Gebrezgi et al., 2017; Getinet et al., 2022; Goyomsa et al., 2022; Liyew et al., 2022; Tusa et al., 2022; Yohannes et al., 2019). One study found that illiterate women were twice as likely to experience GBV than educated women (Tadesse et al., 2022). The highest prevalence of GBV occurs in uneducated pregnant women in particular. They are four times as likely to experience GBV than educated pregnant women (Bifftu & Guracho, 2022).

These disparities can be attributed to many factors. First, literate women may better understand what is and is not acceptable. This is because they have better access to information and education that help shape these attitudes and personal beliefs (Atomssa et al., 2021). Second, educated women are better equipped with communication and conflict-resolution skills (Alemayehu et al., 2015). Additionally, educated women are better able to understand their rights and are more aware of the laws that prohibit GBV, which decreases their tolerance for violence (Atomssa et al., 2021). Moreover, education empowers women and allows them to become independent decision-makers (Abeya et al., 2011). Finally, a lack of education is a barrier to job opportunities and results in women becoming financially dependent on their partners (Atsbaha et al., 2022). Dependency on partners increases the power imbalance in relationships, causing women to lose their autonomy (Atsbaha et al., 2022). These factors account for the higher prevalence of GBV in uneducated, illiterate women.

The partners/husbands of the victims are subject to a similar trend. Partners with no education are more likely to uphold beliefs surrounding the community's cultural norms, emphasising male superiority, thereby increasing GBV perpetration (Liyew et al., 2022). Uneducated male partners are 2.78 times more likely to abuse their wives than educated partners (Gebrezgi et al., 2017). Education provides men with

information on healthy relationships and coping habits, which may help reduce aggressive behaviour (Liyew et al., 2022). Further, educated men are more likely to work high-paying jobs, reducing household economic stress, marital conflict, and, thus, GBV (Liyew et al., 2022).

Contributing Factor 4: Income Level

Women's income level is another factor strongly associated with GBV throughout Ethiopia. Women with low income are four times more likely to face GBV than women with high income (Meskele et al., 2019). Women with poor financial status may be financially dependent on their partners, and thus subject to male-controlling behaviours (Meskele et al., 2019). Men have more power and control in these scenarios, making women more susceptible to GBV. Likewise, when women are economically empowered and less reliant on their partners, they are less likely to be abused (Meskele et al., 2019). Additionally, women living in poverty may have less freedom over financial resources. This can result in conflict between partners regarding the use of their household income, thereby exposing women to possible GBV (Liyew et al., 2022). Another contributing factor is that when women are economically dependent on their partners, it is difficult for them to separate from their violent husbands and lead independent lives (Meskele et al., 2019). Lastly, perpetrators of GBV may be aware that low-income women lack legal protection and the ability to report their abusive behaviour (Dessie et al., 2019).

In addition, women with low income may be more exposed to GBV since they are more likely to seek help from their families. One study found that women who sought help from their own family, or their partner's family, were 2.42 times more likely to experience emotional abuse from their partners than women who did not seek family help (Ebrahim & Atteraya, 2021). This outcome may be partially explained by the partners' displeased reactions to their families learning of their behaviour. Emotional abuse may also be used to silence women from further exposing their actions and to maintain existing power disparities (Ebrahim & Atteraya, 2021).

Furthermore, the "pocket money" women receive from their families is an important consideration. Receiving an insufficient amount of monthly pocket money is associated with increased prevalence of GBV (Abubeker et al., 2021; Beyene et al., 2022). For example, female students with less pocket money may engage in relationships with male students, teachers, and others with the hope of monetary compensation (Abubeker et al., 2021). This is demonstrated by the fact that 29.9% of sexually

active female students had their first sexual experience in exchange for financial gain (Sendo & Meleku, 2015). Another study showed that in order to remain financially stable during their studies, female students would resort to transactional sex for financial support. These “sugar daddies” often became violent or forceful over time, thus perpetuating GBV (Kaufman et al., 2019).

Contributing Factor 5: Location of Residence

GBV knows no geographical boundaries. Any woman can be adversely affected; however, many authors note that GBV disproportionately affects women in rural regions in Ethiopia (Abota et al., 2022; Azene et al., 2019; Gezahegan et al., 2021; Liyew et al., 2022; Shitu et al., 2021). This is a concerning trend, as 63% of the Ethiopian population lives in remote rural areas (Abota et al., 2022). In rural Ethiopia, women are 2.77 times more likely to encounter GBV than their urban counterparts (Shitu et al., 2021). This connection stems from the limited access women in rural regions have to media outlets, legal provisions, violence reduction interventions, and gender equality awareness (Abota et al., 2022; Azene et al., 2019; Belay et al., 2021; Liyew et al., 2022; Shitu et al., 2021).

Looking specifically at legal provisions, laws regarding GBV are less likely to be enforced in rural regions (Azene et al., 2019). Furthermore, limited access to gender equality awareness encourages female acceptance of “wife-beating” and, thus, their risk of GBV (Azene et al., 2019). Additionally, compared to urban communities, rural communities may be slower to acknowledge and accept changes to traditional gender roles and norms that condone violence (Nabaggala et al., 2021). In contrast, living in urban regions was found to be a protective factor against GBV (Laelago et al., 2014). This is believed to be true as urban women have greater access to media, economic resources, and institutional support (Laelago et al., 2014).

In Ethiopia, it is common for women from rural regions to relocate to urban regions for domestic work – a sector at a high risk of experiencing some form of GBV (Gezahegan et al., 2021). However, newly arrived women in urban areas do not immediately benefit from the protective factors associated with living in urban regions. This is attributed to the fact that women from rural regions are less likely to be exposed to knowledge regarding sexual and reproductive health as media is less readily available (Gezahegan et al., 2021). Additionally, many women moving from rural to urban regions may not speak the local language, causing many to experience cultural alienation and, in turn, communication and cultural

hurdles that make them more vulnerable to GBV (Gezahegan et al., 2021).

Contributing Factor 6: Alcohol & Substance Abuse

Alcohol and substance use of both perpetrator and victim are significantly associated with increased GBV. A wide range of studies has found that women with partners/husbands that drink alcohol are more likely to experience GBV than women whose partners do not drink alcohol (Abeya et al., 2011; Alebel et al., 2018; Azene et al., 2019; Bekele et al., 2011; Beyene et al., 2020, 2021; Bifftu & Guracho, 2022; Feseha et al., 2012; Gebrezgi et al., 2017; Lencha et al., 2019; Liyew et al., 2022; Meskele et al., 2019; Semahegn et al., 2013; Semahegn & Mengistie, 2015; Tadesse et al., 2022; Tiruye et al., 2020; Tusa et al., 2022; Yohannes et al., 2019). There are multiple explanations for these results. Firstly, alcohol has a strong influence on behaviour. Alcohol consumption may lead to increased aggression, impaired judgement, and lowered inhibitions, thus increasing the likelihood of violence (Abeya et al., 2011; Azene et al., 2019; Gebrezgi et al., 2017; Lencha et al., 2019; Liyew et al., 2022; Meskele et al., 2019; Tiruye et al., 2020). Additionally, excessive drinking may place a financial burden on the family. This may increase tension and conflict between partners, which could further lead to GBV (Alebel et al., 2018; Tiruye et al., 2020; Tusa et al., 2022). Lastly, it is also commonly cited that being intoxicated is an excuse used by perpetrators of GBV to justify their actions (Bekele et al., 2011; Beyene et al., 2020).

Like alcohol consumption, various studies have found that using khat is a strong predictor of GBV perpetration (Beyene et al., 2020; Bifftu & Guracho, 2022; Feseha et al., 2012; Lencha et al., 2019; Tadesse et al., 2022). Khat, a leafy green plant, is one of Ethiopia’s most commonly used substances (Bekele et al., 2011; Beyene et al., 2020). Chewing khat leads to increased irritability, anger, and aggression, often during excessive use or withdrawal periods. Additionally, khat use leads to elevated and excessive sexual desire, which coupled with aggressive behaviour, may lead to increased GBV (Sharma et al., 2020b). Aggression may also be heightened if women reject sexual propositions from their partners. Moreover, similar to alcohol use, khat can threaten a family’s financial stability, leading to increased conflict and violence (Sharma et al., 2020b).

Furthermore, women are more likely to experience GBV if they drink alcohol or use other substances themselves (Adinew & Hagos, 2017; Alemayehu et al., 2015; Bekele et al., 2011; Bekele et al., 2015;

Bekele & Deressa, 2014; Birkie et al., 2020; Ebrahim, 2022; Gezahegn et al., 2021; Kaufman et al., 2019; Kefale et al., 2021). Alcohol use can alter individuals' level of consciousness, lead to impaired judgement, and diminish their ability to communicate assertively (Kefale et al., 2021; Adinew & Hagos, 2017). Alcohol consumption ultimately weakens victims' ability to protect themselves, thus increasing their vulnerability to GBV (Bekele & Deressa, 2014). Additionally, Bekele et al. (2011) report that men may perceive women who use alcohol and other substances as more interested in or available for sexual activity. However, studies by Birkie et al. (2020) and Adinew & Hagos (2017) have found it challenging to determine whether victims' alcohol and substance use precedes or succeeds experiences of GBV. Furthermore, alcohol and substance use are common coping mechanisms for victims of GBV. Thus, alcohol and substance use are linked to GBV both as a risk and a consequence (Adinew & Hagos, 2017).

Contributing Factor 7: Employment Status

The employment status of both men and women should be considered when examining factors leading to GBV. Whether a woman is employed or not, and which sector they are employed in, are commonly cited determinants of experiencing GBV (Abeya et al., 2011; Alemayehu et al., 2015; Ebrahim & Atteraya, 2021; Galu et al., 2020; Gebrewahd et al., 2020; Gezahegn et al., 2021; Semahegn et al., 2013). Likewise, men's employment status is reported to impact their likelihood of committing GBV (Gebre et al., 2020; Yohannes et al., 2019).

First, compared to women who are unemployed, women who engaged in agriculture or other occupations experience significantly lower levels of GBV (Abeya et al., 2011; Ebrahim & Atteraya, 2021; Gebrewahd et al., 2020). This may be due to the fact that employment is closely linked with income and financial independence, decision-making power, and autonomy, all of which reduce the occurrence of GBV (Abeya et al., 2011). Moreover, the type of work a woman is employed in is also an important factor. Housemaids, for example, experience high rates of GBV in Ethiopia. Gezahegn et al. (2021) found that housemaids had a 60.2% lifetime prevalence of sexual violence, compared to 47% among the general population. Housemaids who have experienced sexual violence are often dismissed by their employers in order to preserve the company's reputation and avoid dealing with the repercussions (Gezahegn et al., 2021). In a similar vein, it was found that 50.2% of female administrative staff at an Ethiopian university had experienced sexual violence,

with 67.8% of those reporting being assaulted while at work. These jobs require greater interpersonal interactions, which, in turn, makes female workers more vulnerable to GBV (Galu et al., 2020). Additionally, the staff who worked night shifts were twice as likely to experience violence compared to those who worked day shifts (Galu et al., 2020). This may be explained by the fact that perpetrators are more likely to be violent at night to avoid detection (Galu et al., 2020).

Furthermore, the employment status of perpetrators is also a contributing factor. A study based on the prevalence of GBV, and harmful traditional practices showed that most cases of GBV were committed by armed individuals (Gebre et al., 2020). This includes soldiers, police officers, and security guards (Gebre et al., 2020). However, this does not exclude men in other fields of work. It was found that political administrators, physicians, and public prosecutors were also common perpetrators of GBV (Gebre et al., 2020). These trends are likely due to the high-stress environment of these workplaces and men abusing their authoritative positions (Yohannes et al., 2019).

Discussion

The reported lifetime prevalence of GBV in Ethiopia is 47%, the highest in Sub-Saharan Africa (Mingude & Dejene, 2021; Kassa & Abajobir, 2020). Additionally, GBV directly contradicts SDG 5, which is focused on achieving gender equality worldwide by 2030 (United Nations, 2021). In Ethiopia, the victim of GBV cases is a woman 92% of the time, which shows the importance of focusing on this topic. From the research, it is evident that a history of witnessing parental violence; culture; education level; income level; location of residence; alcohol and substance abuse; and lack of employment all contribute to the prevalence of GBV in Ethiopia.

Research Gaps

Overall, there is a need for more evidence on the impact of conflict and displacement on marital practices (Sharma et al., 2020a). Marital practices include decisions on the age of marriage and how these practices influence GBV risk for women and girls in humanitarian crises (Sharma et al., 2020a). This is important to investigate because GBV in humanitarian crises may have different underlying factors compared to non-humanitarian crises (Sharma et al., 2020a). Humanitarian crises are unique as they may be sudden or chronic, which, in turn, impacts the behaviours of individuals involved in these crises. It is essential to consider the role of conflict in GBV as Ethiopia was in a two-year civil war from 2020-2022 (Liyew et al., 2022). The current literature states that

the younger a woman marries, the higher the potential for GBV (Bifftu & Garucho, 2022).

Another gap in research is the lack of reporting of GBV in Ethiopia. Only an estimated 20-25% of all GBV cases are ever reported to the police (Kassa & Abajobir, 2020). Of these cases reported, less than 1% ever go to trial (Kassa & Abajobir, 2020). One of the most significant reasons that there is a lack of reporting is cultural norms (Gebre et al., 2020). In Ethiopia, men are viewed as the head of the household and the providers of the family (Abeya et al., 2011). Therefore, they are seen as having dominion over their household (Gebre et al., 2020). This may include the perceived right to discipline their wives through emotional, psychological, verbal, physical and sexual violence (Gebre et al., 2020). Law enforcement frequently do not see this abuse as a problem and often do not investigate it (Abeya et al., 2011). This lack of reporting leads to an inability for researchers to get a clear and fulsome picture of GBV prevalence in Ethiopia as quantitative data is mostly based on data from police reports. There is an urgent need to understand why and how a lack of reporting can impact GBV studies in Ethiopia.

Future Research

GBV is not a novel problem among the communities of Ethiopia. As such, there are systems in place to provide education to the public and offer support to the survivors (Guracho & Bifftu, 2018). These systems are vital to decreasing the rate of GBV seen across the country and working towards achieving SDG 5 by 2030. Despite current efforts, however, research indicates that the prevalence of GBV is still high within the country due to the contributing factors discussed throughout this scoping review (Guracho & Bifftu, 2018). This indicates that future systematic reviews need to be conducted to determine the effectiveness of current mitigation programs. More specifically, these programs should be tailored to target the primary causes of GBV.

In addition, future research should be conducted to confirm the quality and validity of the current research pertaining to factors contributing to GBV in Ethiopia. After gathering and analysing robust data, policymakers can begin to reform the necessary structures to create a more inclusive and equitable community.

Strengths and Limitations

This review contains noticeable strengths to improve its validity. This review acquired data from a variety of research articles that contained various forms of research methods. Examples of studies used include, but are not limited to, cross-sectional studies, longitudinal studies, and mixed-method designs. This

allowed for data to be pooled to identify multiple contributing factors to GBV in Ethiopia, and thus, create a more holistic view of this topic. Furthermore, this review focuses on the factors leading to GBV for the victims and the likelihood of perpetrators committing GBV. This allows for future intervention programs to target multiple populations and increase the likelihood of decreasing GBV.

There are some limitations to this scoping review. This review strictly used articles studying populations in Ethiopia. Therefore, the contributing factors outlined are specific to this region. Although this provides an accurate description of Ethiopia, extrapolating these findings to different regions of the world would not be appropriate. In addition, this review is limited to the data made available through reporting mechanisms. It has been noted that current reporting rates in Ethiopia underrepresent the actuality of the problem. As a result, this review may not create an exhaustive list of the contributing factors to GBV in Ethiopia.

Conclusion

In summary, the objective of this scoping review was to determine the reported factors contributing to GBV in Ethiopia. An extensive review of the literature under strict criteria revealed that such factors include: history of witnessing parental violence, culture, education level, income level, location of residence, alcohol and substance abuse, and employment status.

As a result of this scoping review, future systematic reviews can be conducted. Such reviews can determine the rate at which support, and educational services are being utilised to measure their effectiveness in lowering the prevalence of the aforementioned contributing factors. In addition, studies confirming the prevalence of the discussed contributors would help policymakers make informed decisions moving forward.

The information discussed within this review can be used to improve current and future programs intended to reduce the rates of GBV, and thus, work towards achieving SDG 5. Problems are effectively solved by identifying the source, and this scoping review has identified several potential sources that need to be addressed in the near future in order to solve the root causes of GBV.

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